**Privacy Notice:** The Department of Education, Training and Employment is collecting information on the below employee’s health and its impact on work in accordance with the Department’s Workplace Rehabilitation Policy and Procedures, to support the provision of a workplace rehabilitation program. The information will only be accessed by a Rehabilitation and Return to Work Coordinator, to facilitate the employee’s workplace rehabilitation. Some of this information may be given to WorkCover Qld, QSuper, a treating doctor or allied health professional or a doctor appointed by the Department for the purpose of informing rehabilitation options. Information relevant to the impact of an injury/illness upon an employee’s work may be discussed with a supervisor for the purpose of identifying rehabilitation options. . Information may also be discussed with Regional/Institute or Central Office Organisational Health and Human Resources employees. An employee’s information will not be given to any other person or agency unless authorised by the employee or required by law.

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| **PURPOSE**: This form is part of the broader Rehabilitation Plan, for facilitating the recovery and return to work of injured/ill employees. A return to work plan is designed to record the hours, duties, restrictions and support provided to an ill/injured employee. | | | |
|  | | | |
| Employee Name: |  | Employee Number: |  |
| Medical Condition: |  | Phone Number: |  |
| Substantive Hours: |  | Funding Source: | WorkCover |
| Claim Number: |  |  | QSuper |
| RTW Location: |  |  | Education QLD |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONTACTS | | | | | |  | | PHONE | | |  | FAX | |
| Supervisor: |  | | | | |  | |  | | |  |  | |
| Rehab & RTW Coord: |  | | | | |  | |  | | |  |  | |
| Medical Practitioner: |  | | | | |  | |  | | |  |  | |
|  | | | | | | | | | | | | | |
| Rehabilitation Goals | | | | | | | | | | | | | |
| Long Term Goal: | |  | | | | | | | | | | | |
| Objective of this Plan: | |  | | | | | | | | | | | |
| Original Commencement Date for RTW: | | | |  | | | Review Date: | | |  | | | |
|  | | | | | | | | | | | | | |
| PROJECTED TIMETABLE *(showing anticipated hours and duties to be worked)* | | | | | | | | | | | | | |
| **Week commencing** | | **MON** | **TUES** | | **WED** | **THURS** | **FRI** | | **TOTAL HOURS**  **WORKED** | | |  | **AA Hours**  **(Regional Use Only)** |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here. | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here. | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here. | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here. | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here.  . | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |
| **Week:** | |  |  | |  |  |  | |  | | |  |  |
| **\*MANDATORY FIELD\***  Full details of all duties employee will be undertaking during this week, include any restrictions or supports that are required to enable the employee to complete these duties. If a rehab allocation is being used to support the employee, details of how this additional person is being used must be included here. | | **Duties**:  **Restrictions/Supports**: | | | | | | | | | |  |

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| SIGNATURES | |
| Employee – I have been consulted about the content of this plan and agree to participate | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ |
| Rehab & RTW Coordinator – I agree to monitor this plan | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ |
| Supervisor – I agree to ensure this plan is implemented in the work area | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ |
| Medical Practitioner – I approve this plan | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ |

N.B If medical condition is aggravated, employee is to contact their Rehabilitation and Return to Work Coordinator immediately.